PTC/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
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Substitute for Form PTO-875 /0/639 948												148
CLAIMS AS FILED PART I (Column 1) (Column 2)							<b>.</b>	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
BA	FOR SIC FEE	_	NUMB	ER FILED	NUM	NUMBER EXTRA		RATE	FEE		RATE	FEE
(37	CFR 1.16(a)) TAL CLAIMS								\$	OR		s
(37	CFR 1.16(c))			minus 2	0 =   •	•		X \$=		OR	X \$=	<del>                                     </del>
(37	DEPENDENT CLAI CFR 1.16(b))	MS		minus	3 = •		1	X\$ =		OR		<del>                                     </del>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+s =		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	,	1	+\$=	<u> </u>
CLAIMS AS AMENDED - PART II												
3/24/06												
$\frac{\sim}{2}$	11-7	(Colun		1	(Column 2)	(Column 3)		SMALLE	NTITY	OR •		ENTITY
AMENDMENT A		REMA AFT AMENT	INING TER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
N	Total (37 CFR 1.16(c))	1	2_	Minus	-20	=/_		x \$=	- V too lan	OR	X \$ =	FEE
Æ	Independent (37 CFR 1.16(b))	3		Minus	- 3	=		x \$=		OR	X \$ =	
₹	FIRST PRESENT	TATION OF	MULTIPLE	DEPEND	ENT CLAIM (37 C	CFR 1.16(d))	1	+s =		OR		
						<del></del>	L	TOTAL ADD'L FEE		OR	+ \$ =	
		(Colum	ın 1)		(Column 2)	(Column 3)		YOUR LEE		) OR	ADD'L FEE	
AMENDMENT B		CLA REMAI AFT AMEND	IMS INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	•		Minus	**	=	ı	x \$ =		0.0		FEE
	Independent (37 CFR 1.16(b))	٠		Minus .	***	=	ŀ	X \$ =		OR	X \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR	X \$=	<del></del>
(or oralible)							L	TOTAL =		OR	+ \$ =	
•								ADD'L FEE		OR	ADD'L FEE	· .
		(Colum CLAI			(Column 2) HIGHEST	(Column 3)	r			1		
AMENDMENT C		REMAI AFTI AMEND	NING ER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	•		Minus	**	=	Γ	x \$=		OR	X \$=	100
Ē	Independent (37 CFR 1.16(b))	•		Minus	***	=		x \$=		OR	X \$=	<del></del>
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						ľ	+ \$ =		OR		
TOTAL											+ \$ =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
•	" If the "Highest I " If the "Highest N	Vumber Pr	eviously i	Pald For	IN THIS SDACE	le less than 20 a		*20". 3".				

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.